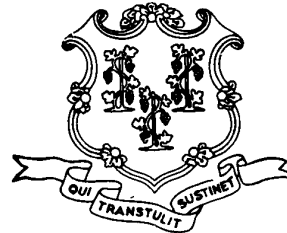


# Department of Consumer Protection



## Testimony of Jonathan A. Harris Commissioner of Consumer Protection

### Public Health Committee Public Hearing, March 7, 2016

#### **S.B. 352 “AN ACT CONCERNING PRESCRIPTIONS FOR AND THE DISPENSING OF OPIOID ANTAGONISTS”**

Senator Gerratana, Representative Ritter, Senator Markley, Representative Srinivasan and Honorable Members of the Public Health Committee, thank you for the opportunity to offer testimony regarding of Senate Bill 352, “An Act Concerning Prescriptions for and the Dispensing of Opioid Antagonists.”

The Department of Consumer Protection has been involved in preventing drug abuse, including opioids, for long before the explosion of the opioid epidemic in our state and throughout our country. We have and continue to take this public health problem very seriously. The impact on families from all corners of our state, rural, suburban and urban, all socio-economic levels and all backgrounds, is devastating and is growing. The

Department has been working closely with Governor Malloy, our sister agencies and other public and private partners to develop and implement a wide-range of strategies to combat this problem. One of the initiatives we've created and implemented, as a result of the model you and your colleagues adopted last session, is our program to expand the distribution of Naloxone ("Program").

The Program, which is also used in California, is a pharmacist prescribing model which enables the pharmacist, once trained and certified, to prescribe and dispense Naloxone to a patient or caregiver. The Program is designed to provide pharmacists with the information they need to help caregivers learn best practices in overdose situations in addition to dispensing the lifesaving drug. Moreover, pharmacists are also trained to connect caregivers with prevention and recovery services to combat their loved one's underlying addiction. This is crucial, because even if prescribed, the Naloxone may not be present and, most importantly, our ultimate goal is to never have to administer an opioid antagonist.

This program is quickly growing; over 140 pharmacists throughout our state are certified and able to prescribe and dispense Naloxone to anyone believing it may save a friend or family member's life. Additionally, we've been working with several large pharmacy chains and other entities to create an efficient, cost-effective certification process and many of those pharmacists will be certified very soon. There are many benefits to this model:

- Pharmacists are the experts in drugs and medications, including use, misuse, and interactions - they are already trained to have discussions with patients and caregivers about various issues including healthcare, disease states and medication;
- Pharmacists are trained on the use of the product and therefore are instructing the patients/caregivers on the proper technique of administration and rescue efforts;
- Pharmacists' knowledge of our health care system allows for caregivers or patients to be referred to a support system for drug addiction treatment;
- The number of pharmacists with prescriptive authority is increasing throughout the state and will further increase now that the larger pharmacy chains are becoming involved;
- Because this is a prescribed drug, some insurance companies cover the cost;
- The number of doses prescribed/dispensed will not only include patients involved in abuse but also legitimate patients on high doses of opiates that are not abusing drugs, but because of their disease state and general health risk, are more vulnerable to interactions and may over dose; and
- This model complies with our federal laws and regulations.

Senate Bill 352 would maintain the pharmacist prescribing model, but would also add a “standing order” model to our statutes which would allow a physician to issue a written order to licensed pharmacists to dispense Naloxone to any person who requests it. This model has been adopted in a number of states, and has often been represented as offering Naloxone “over-the-counter.” We would like to clarify that the United States, similar to most countries, does require a prescription for Naloxone, although it is a very safe and easy-to-use medication. Across the country, states have tried to eliminate this barrier to access through different models, including the expansion of pharmacists’ prescriptive authority and creating standing orders. However, it is important to be clear that a standing order model is not truly “over-the-counter,” and still requires a

prescriber's written order, and, in many states where it has been implemented, also requires that the pharmacists undergo certain training in order to be able to dispense.

Before proposing the Governor's bill last session to address the prevention of substance use and opioid overdose, the Department carefully reviewed what other states were doing to eliminate barriers to accessing Naloxone, the relevant federal laws, and best practices. After a comprehensive evaluation of the options, DCP determined the most effective way to increase access to this life-saving drug was to allow pharmacists the ability to prescribe it, instead of relying on prescribers in the field to issue a written order. More importantly, our current model requires that pharmacists provide appropriate training regarding the administration of the medicine to the person to whom it is dispensed, and includes an effort to provide educational and referral materials to help those who are suffering from addiction get into recovery programs. In light of the renewed interest in the standing order model this year, we have also reevaluated our decision to follow this model. We still remain confident that having pharmacists prescribe naloxone is an effective, and preferable, model. In fact, as stated above, many states operating the standing order model, including Massachusetts, also require pharmacist training before they are able to dispense Naloxone.

The law that was passed last year by this legislature is working; access to Naloxone is readily available from more than 140 pharmacists throughout our state with many more to follow very soon. The model is holistic in its approach to addressing this

epidemic; pharmacists, as front-line health care providers, add a level of support to patients and caregivers.

While we want to continue our work with the well-intentioned proponents of SB 352, we cannot support the bill.

Thank you again for the opportunity to appear before you. I am happy to answer any questions you may have.